

## BUS DRIVER CERTIFICATE APPLICATION

Choose one item below, and enclose a money order or check payable to Comm of MA/DPU:

- ☐ Motor Bus Driver Certificate & Road Test - \$60.00
- ☐ School Bus Driver Certificate & Road Test - \$60.00
- ☐ Motor Bus Driver Certificate only (driver has **VALID CDL** with "P" endorsement; no Road Test required) - \$40.00
- ☐ School Bus Driver Certificate Renewal - \$40.00
- ☐ 70+ Motor Bus Driver Certificate & Road Test - \$40.00
- ☐ 70+ School Bus Driver Certificate & Road Test - \$40.00
- ☐ 70+ Motor Bus Driver Certificate Renewal - \$20.00
- ☐ 70+ School Bus Driver Certificate Renewal - \$20.00
- ☐ Duplicate Motor Bus Driver Certificate - \$20.00
- ☐ Duplicate School Bus Driver Certificate - \$20.00
- ☐ CDL Road Test Only - \$20.00 (circle one: Air Brake / Retest / CDL Upgrade)

A legible copy of DOT Medical Examination REPORT (not CERTIFICATE) must be returned with this application.

Bus Company Name and Phone #:

Check any and all RESTRICTIONS:

- ☐ Corrective lenses
- ☐ Corrective hearing appliance
- ☐ **RESTRICTED TO DRIVING VEHICLES THAT CARRY 14 PASSENGERS OR LESS**
- ☐ DPU specific restrictions

**For school bus driver certification**, a certified school bus driving INSTRUCTOR must sign below in accordance with the requirements of M.G.L. c. 90 § 8A.

Signature: \_\_\_\_\_

License: \_\_\_\_\_

Total Driver Training Hours: \_\_\_\_\_

Print Name: \_\_\_\_\_

Type or Use Black/Blue Ink Pen. Keep copies of all submitted forms for your records.

1. License: \_\_\_\_\_  
(Driver must have held a MA license for 3 consecutive years, otherwise, attach DRIVING and CRIMINAL records from previous state/country.)

2. Name: \_\_\_\_\_

3. Maiden/Alias: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Phone Number: \_\_\_\_\_

7. Has your privilege/license to operate in Massachusetts been suspended or revoked during the past 5 years? Y/N.

### THE FOLLOWING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY:

\*I understand that a Criminal Offender Record Information (CORI) check will be conducted of my background for convictions and pending criminal case information only and that will not necessarily disqualify me. By my signature below, I acknowledge and consent to this initial CORI check and understand that a new CORI check will be required prior to each renewal (if a license is approved). The information I have provided below is correct to the best of my knowledge.

\* \_\_\_\_\_  
Signature of Applicant and Date

**DO NOT MARK BELOW THIS LINE - FOR DEPARTMENT USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_

PHYSICAL FORM CLEARED YES ☐ NO ☐

CORI CLEARED YES ☐ NO ☐ DATE \_\_\_\_\_

DRIVING RECORD CLEARED YES ☐ NO ☐ DATE \_\_\_\_\_

ASSIGNED TO INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

DATE TESTED \_\_\_\_\_ PASSED ☐ FAILED ☐

TEMPORARY LICENSE ISSUED YES ☐ NO ☐

WAS CDL CLASSIFICATION DOWNGRADED YES ☐ NO ☐

INSPECTOR'S SIGNATURE \_\_\_\_\_

DPU CERTIFICATE ISSUED YES ☐ NO ☐ DATE \_\_\_\_\_